



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR ADULT-ORIENTED RETAIL ESTABLISHMENT LICENSE INSTRUCTION SHEET

What is an Adult-Oriented Retail Establishment?

An Adult-Oriented Retail Establishment is any commercial establishment, business or service, or portion thereof, that offers as a substantial portion of its business sexually oriented material, devices or paraphernalia but that does not allow on-site displays of sexually oriented materials or sexual activities ([24 Del. C. §1602 \(3\)](#)). Substantial portion means either

- 50% or more of the retail floor open to the public, or
- 50% or more of the gross receipts.

For more information, see Section 2.0 of the Rules and Regulations.

Requirements for All Applications

The form and procedure are the same for a new license as for renewing an existing, active license except where noted in the instructions below.

- ☐ Submit completed, signed and notarized [application](#).
- The person who is responsible for submitting the application and appearing personally depends on the type of business, as follows:

| IF the establishment is a... | THEN the responsible person is... |
|---|---|
| Sole proprietorship | the sole proprietor. |
| Corporation | a director of the corporation. |
| Partnership or other unincorporated association | general partner or member on behalf of the association. |

- Applications that are unsigned, incomplete, not notarized or not accompanied by the required fee will be rejected.
- In addition to submitting the application, the responsible person must appear personally before the Commission. During that appearance, he or she will sign the *Affidavit of Applicant* to attest to the truthfulness of the information provided on the application ([24 Del. C. §1615](#)).

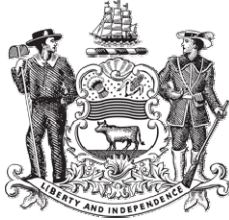
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware"
- ☐ Enclose Letters of Clearance from the county to establish that the establishment complies with all applicable land use (zoning) requirements.
- If you are filing an application to **renew an active establishment license** where compliance with land use requirements was previously established, you may submit an affidavit (notarized statement) in lieu of Letters of Clearance. The affidavit must state that *nothing has changed with regard to the establishment's location and zoning*.
- ☐ Enclose copies of all state/city business licenses, including state Division of Revenue license.
- ☐ If the business is a corporation, submit a copy of the Certificate of Incorporation certified by the Secretary of State of the state of incorporation.
- If the corporate owner is a foreign corporation, submit a copy of the certificate prescribed by 8 Del. C. §371 (c),

- ☐ Submit *Certificate of Individual* forms completed and signed by the following persons. You may copy the form provided in this packet or download the [fillable version](#) available on the Commission's website.
- ☐ Person responsible for submitting application and appearing personally before the Commission.
 - ☐ Manager who will be responsible for the day-to-day operations of the business.
 - ☐ **Each** employee of the business
 - ☐ If the business is a corporation, **each** director, officer and principal stockholder of the corporation.
 - ☐ If the business is a partnership or unincorporated association, **each** partner of the partnership or member of the unincorporated association
- All *Certificate of Individual* forms must be signed before a notary.
 - All *Certificate of Individual* forms must be accompanied by a clear color photo, 2" x 2", taken within 30 days of submitting the application and affixed where shown on the form. Photos must reveal front view, full face, head and shoulders. The face must not be concealed by a hat, hood, dark glasses or other apparel.
 - All *Certificate of Individual* forms must be accompanied by a copy of the person's Social Security Number card and driver's license.
- ☐ Arrange for the Commission office to receive criminal history records on **each** person who is required to file a *Certificate of Individual* form (listed above).
- *Each person* must complete the *Criminal History Record Check Authorization* form to request state and federal criminal background checks.
 - Follow the instructions on the *Criminal History Record Check Authorization* form to be fingerprinted. Submit the forms to the State Bureau of Identification. *Do not send these forms to the Commission office!*
 - ***Allow at least four weeks for the State Bureau of Identification to send the criminal history records to the Commission office.***

Reporting Changes

You are required to notify the Commission office *in writing* within ten days of any change in the persons listed above. For example, a report is required if the manager responsible for day-to-day operations leaves the business or if an employee quits.

If the change involves a person who has not previously submitted a *Certificate of Individual* form, submit a *Certificate of Individual* form completed and signed by the person. For example, a *Certificate of Individual* form must be submitted if a new employee is hired or a new corporate director is named.



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APPLICATION FOR ADULT-ORIENTED RETAIL ESTABLISHMENT LICENSE

TYPE OF APPLICATION

1. Select the description that applies to you (check one):

- ☐ I am applying for an *original* license.
☐ I am applying to renew license number **AR** - _____ that expires on _____ Date

2. Select the type of business (check one):

- ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Unincorporated Association

ESTABLISHMENT INFORMATION

3. Name of Retail Establishment: _____

4. Establishment **Mailing** Address: _____

_____ City _____ State _____ Zip

5. Establishment **Location** Address: _____

Street Address - No PO Box!

_____ City DE State _____ Zip

6. Federal Employer Identification Number (EIN): _____

7. Is this establishment located in the same building as, or less than 500 feet from, another adult retail establishment? Yes ☐ No ☐

8. Is this establishment located within 200 feet of any residence or school bus stop, regardless of zoning? Yes ☐ No ☐

9. Is this establishment located within 500 feet of any church or school? Yes ☐ No ☐

10. Is any sexually-oriented material, devices or paraphernalia visible from outside the establishment at any time, including when the establishment's door is open? Yes ☐ No ☐

Enclose Letters of Clearance from the county stating that the establishment complies with all applicable land use (zoning) requirements. If this is a renewal and the establishment's location and zoning have not changed, you may enclose an affidavit, in lieu of Letters of Clearance, stating that nothing has changed.

11. Does this business have all required state/city business licenses? Yes ☐ No ☐

Enclose copies of all state/city business licenses, including state Division of Revenue license.

INFORMATION ABOUT OWNERSHIP

12. Enter this information about the person who is responsible for submitting this application and who will ***appear personally*** before the Commission. (If "sole proprietorship" is checked in Question 2, this person must be the proprietor. If "corporation" is checked, this person must be a director of the corporation. If "partnership or other unincorporated association" is checked, this person must be a general partner or member of the association.)

Full Name: _____
Last First Middle

Select Position (check one):

- ☐ Sole Proprietor – skip to **INFORMATION ABOUT MANAGEMENT** section.
☐ Corporate Director – continue with Question 13.
☐ Partner – skip to Question 15.
☐ Member of Unincorporated Association (specify): _____. Skip to Question 15.

Submit a signed, completed and notarized *Certificate of Individual* from this person. In addition, arrange for the Commission office to receive a criminal history record on the person above.

13. Complete the following information about the corporation's directors, officers and principal stockholders. You may omit the director already named in Question 12. If you need more room, attach a separate sheet.

| FULL NAMES OF DIRECTORS | FULL NAME AND POSITION OF OFFICERS | PRINCIPAL STOCKHOLDERS |
|-------------------------|------------------------------------|------------------------|
| | | |
| | | |
| | | |
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Submit a signed, completed and notarized *Certificate of Director, Officer or Principal Stockholder* from *each* person listed above. In addition, arrange for the Commission office to receive a criminal history record on *each* person listed above.

14. Complete the following information about the corporation's stockholders. You may omit the principal stockholders already listed in Question 13. If you need more room, attach a separate sheet. When complete, skip to **INFORMATION ABOUT MANAGEMENT** section.

| FULL NAME | ADDRESS (as of 30 days or fewer of this application) |
|-----------|--|
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15. If the business is a partnership, list the partners below. If the business is an unincorporated association, list the members of the corporation. You may omit the partner/member already listed in Question 12. If you need more room, attach a separate sheet.

| FULL NAME OF PARTNER/MEMBER |
|-----------------------------|
| |
| |
| |
| |
| |
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| |

Submit a signed, completed and notarized *Certificate of Individual* from *each* person listed above. In addition, arrange for the Commission office to receive a criminal history record on *each* person listed above.

INFORMATION ABOUT MANAGEMENT

16. Enter this name of the person who will be responsible for the day-to-day management of this establishment:

Full Name: _____
Last
First
Middle

Submit a signed, completed and notarized *Certificate of Individual* from the manager. In addition, arrange for the Commission office to receive a criminal history record on the manager.

INFORMATION ABOUT EMPLOYEES

17. List each employee of the business below. If you need more room, attach a separate sheet.

| EMPLOYEE FULL NAME | JOB |
|--------------------|-----|
| | |
| | |
| | |
| | |
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| | |

Submit a signed, completed and notarized *Certificate of Individual* from each employee listed. In addition, arrange for the Commission office to receive a criminal history record on *each* employee listed above.

To assure consideration of your license application at the next Commission meeting, the Commission office must receive all of these items no later than 4:30 PM ten full working days before the Commission's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.

AFFIDAVIT

The applicant, being duly sworn, does depose and say that this application to operate an adult entertainment retail establishment is his/her act and deed and that the facts stated herein are true. The applicant agrees to notify the Commission in writing, by filing the appropriate *Certificate*, within ten days of any change in the ownership, management or employees of this establishment.

Applicant Signature: _____ **Date:** _____

(If the establishment is a sole proprietorship, the person who signs this form must be the proprietor. If the establishment is a corporation, the person who signs this form must be a director of the corporation. If the establishment is a partnership or an unincorporated association, the person who signs this form must be a partner or member.)

State of _____, County of _____

In said county on this _____ day of _____, 2_____,
_____ personally appeared before me, has been duly sworn,
deposes, and says that he or she has read carefully and truthfully answered the above questions.

Notary Public Signature: _____

SEAL

My Commission Expires: _____

**APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY
THE REQUIRED FEE WILL BE REJECTED.**



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**APPLICATION AFFIDAVIT
BEFORE THE COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS**

The person who submits the application and who will appear personally before the Commission must sign this affidavit **at the Commission meeting. DO NOT SIGN** this form until you are at the meeting, in the presence of the Commissioners, as required by law.

1. Name of Establishment: _____

2. Type of Adult Establishment Application Submitted:

☐ Retail

☐ Entertainment: ☐ Book Store ☐ Motion Picture Theatre ☐ Show (includes Peep Show) ☐ Other

3. Name of Applicant Appearing Before Commission: _____

4. Select Position (check one):

☐ Sole Proprietor

☐ Corporate Director

☐ Partner

☐ Member of Unincorporated Association (specify): _____

The applicant, being duly sworn, does depose and say that this application to operate an adult entertainment establishment is his/her act and deed and that the facts stated herein are true.

Applicant Signature: _____ **Date:** _____

State of _____, County of _____

Sworn and subscribed before me this _____ day of _____, 20____.

Commissioner Signature: _____



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CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH ADULT ESTABLISHMENT

This form is to be completed by individuals associated with an adult establishment for which a licensure application has been filed with the Commission on Adult Entertainment Establishments. Individuals who are required to complete this form include those associated with the establishment in the manner listed in Question 4 below.

1. Name of Establishment: _____

2. Establishment **Location** Address: _____

Street Address - No PO Box!

City State Zip

3. Type of Adult Establishment (check one):

- ☐ Retail
☐ Entertainment: ☐ Book Store ☐ Motion Picture Theatre ☐ Show (includes Peep Show) ☐ Other

4. Select Your Association with the Establishment Named (check all that apply):

- ☐ Sole Proprietor ☐ Partner/Owner ☐ Member of Unincorporated Association/Owner
☐ Corporate Director ☐ Corporate Officer ☐ Principal Stockholder
☐ Manager ☐ Employee
☐ Individual Responsible for Procuring Sexually Oriented Material (does not apply to Retail Establishments)
☐ Independent Contractor (does not apply to Retail Establishments)

5. Full Name: _____
Last First Middle

6. Other Names Used: _____
Include names such as aliases, maiden name, former married names, alternate spellings or punctuation

7. Date of Birth (month/day/year): _____

8. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
• If yes, enter SSN: _____ **Attach copy of SSN card.**
• If no, you must file a *Request for Exemption from Social Security Number Requirement.*

9. Driver's License Number: _____ State: _____
Attach copy of license.

AFFIX RECENT 2" X 2"
COLOR PHOTO

10. **Residence** Address: _____
Street Address - No PO Box!

City State Zip

11. Place of Employment: _____

12. **Employment** Address: _____

_____ City _____ State _____ Zip

13. Employer Phone: _____

14. If you are an independent contractor, what is your job at the establishment named above? _____

_____ Delaware Division of Revenue License Number: _____

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐

A criminal history record is required. See *Instructions for Requesting a Criminal Background Check*.

16. Have you been the subject of any administrative penalties regarding your involvement with adult entertainment or retail establishments, such as a fine, formal reprimand, suspension, revocation, probation or voluntary license surrender? Yes ☐ No ☐ **If yes, submit a letter giving a full explanation. Include copies of all appropriate records.**

17. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

AFFIDAVIT

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the adult entertainment establishment named above, in the capacity indicated, and certify that the facts stated herein are true.

Signature: _____ Date: _____

State of _____, County of _____

In said county on this _____ day of _____ 2_____,
_____ personally appeared before me, has been duly sworn,
deposes, and says that he or she has read carefully and truthfully answered the above questions.

Notary Public Signature: _____

SEAL

My Commission Expires: _____

Instructions for Requesting a Criminal Background Check

Both state and federal criminal background checks are required.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 9 am – 7 pm, Tue - Fri 9 am – 3 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(Between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd.
Georgetown DE 19947
(Across from DelDOT & the State Service Ctr.)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69.00, to cover both the State and Federal criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county.* As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned. Send the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to "Delaware State Police" to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE



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AUTHORIZATION FOR RELEASE OF INFORMATION

CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK.

CHECK TYPE OF LICENSURE FOR WHICH APPLYING:

- | | |
|--|---|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Nursing Home Administrator |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Texas Hold'em Dealer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nursing | |

ENTER FULL CURRENT NAME:

| | | | |
|-----------|------------|----------------|-------------------------|
| Last Name | First Name | Middle Initial | Suffix (e.g., Jr., Sr.) |
|-----------|------------|----------------|-------------------------|

ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

AUTHORIZATION TO RELEASE INFORMATION

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

Division of Professional Regulations
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.